

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2980

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 432 N. Moffett
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Ida Dryden Talbott

3. (b) If veteran, No
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife F.G. Talbott
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 9, 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 20
If less than one day hr. min.

9. Birthplace Hillsborough Ohio;
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Harrison Dryden.
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Emmaline Wooley.
15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. H. Hurlbut
(b) Address 432 N. Moffett, Joplin Mo;

17. (a) Burial (b) Date thereof Jan. 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery Carthage

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 1-29-41 (b) Ed S. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")
(d) Street No. 432 N. Moffett
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 29 day 1941.
year 12-45 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 28, 1941, to Jan. 29, 1941, that I last saw her alive on Jan. 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo carditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

372 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Hurlbut (M. D. or other)

Address Joplin Mo Date signed 1-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-2-189

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Steve D. Parker

Licensed Embalmer No. *2548*

P. O. Address.....

Foster Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.